Employees' Manual
Title 3
Chapter E

February 10, 2006

RESTRAINT AND SECLUSION POLICY FOR MHIs

Iowa
Department
of
Human Services

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OVERVIEW

The purpose of the mental health institutes is to provide a safe therapeutic treatment environment and a goal is to prevent, reduce, and eliminate the use of restraint and seclusion. This goal is best achieved when there is:

- Early identification and assessment of consumers who may be at risk for these interventions.
- Utilization of individualized alternative strategies to prevent and diffuse escalating situations.
- Provision of quality treatment services.
- Recognition that restraint and seclusion are used only when all other interventions have failed.
- Effective training and quality assurance programs to support continuous improvement.

Legal Basis

The Director of Human Services has full authority to control, manage, direct and operate the Department's institutions and may assign this authority to the deputy director.

Legal reference Iowa Code section 218.1

Consumers served by the mental health institutes have the right to the least restrictive conditions necessary to achieve the purposes of treatment. Consumers shall be free from restraint or seclusion, except when necessary to prevent harm to themselves, harm to others, or damage to property.

Legal reference: 441 IAC 28.4(6)

The Children's Health Act of 2000, by amending the Public Health Services Act, imposed federal statutory protections regarding the use of restraint and seclusion in federally funded health care facilities. As a result, the federal Department of Health and Human Services issued regulations for hospitals establishing standards related to the use of restraint and seclusion. Hospitals must meet the Patients' Rights Condition of Participation to be approved for, or to continue participation in, the Medicare and Medicaid programs.

Legal reference: 42 U.S.C. § 290ii; 42 U.S.C. § 9501; 42 U.S.C. § 10841; 42 C.F.R. § 482.13

Definitions

"Ambulatory restraint" means the use of restraints such that a consumer is still able to walk and move from one place to another while in restraints.

"Consumer" is any patient admitted to and treated by the mental health institute.

"Chemical restraint" means a medication that is used to control extreme behavioral symptoms during an emergency. A drug used as a restraint means any drug that:

- Is administered to manage a consumer behavior in a way that reduces the safety risk to the safety of the consumer or others;
- Has the temporary effect of restricting the consumer freedom of movement; and
- Is not a standard treatment for the consumer medical or psychiatric condition.

Chemical restraint *does not* include medications that comprise the consumer's regular, prescribed medical regimen, which is part of the consumer's treatment plan. Medicine that is used to control ongoing behavior is not considered chemical restraint. These medicines may have a "PRN" order or a single dose order.

"Emergency" means a situation in which:

- The consumer is in imminent risk of harming self or others, including staff;
- Non-physical interventions are not viable; and
- Safety issues require an immediate physical response.

An emergency occurs when the person:

- Threatens or otherwise shows intent of serious injury and
- There is reason to believe that the person will immediately carry out these intentions, or
- The person attempts an injury that would require immediate professional medical attention.

"Family" means those persons who play a significant role in the consumer's life, which may include a person not legally related to the consumer receiving care. This person is often referred to as a surrogate decision-maker, if authorized to make care decisions for the consumer if he or she loses decision-making capacity.

"Four-point restraint" means the use of soft bracelets encasing the wrists and ankles of a consumer lying on a bed that are secured to the bed frame.

"Five-point restraint" means a four-point restraint with the addition of a strap that is placed around the consumer's waist or chest and secured to the bed frame.

"Five-point restraint with bicep cuffs" means the use of five-point restraint with the addition of soft cuffs placed on the biceps of a consumer and secured to the bed frame.

"Gradual release" means the selective removal of certain restraints in order to evaluate the consumer's mental and behavioral status.

"Medical order" means an order written by medical staff.

"Medical staff" means a physician, an advanced registered nurse practitioner, or a physician assistant.

"Physical restraint" means any approved manual method or physical or mechanical device, material, or equipment attached or adjacent to the consumer's body that the consumer cannot easily remove that restricts the consumer's freedom of movement or normal access to the consumer's body. Physically holding a consumer, in order to administer a medication or carry out a required medical procedure (such as laboratory work) against the consumer's wishes, is considered restraint.

However, a consumer may consent to an injection or procedure, but may not be able to hold still. In such circumstances, and at the consumer's request, staff may "hold" the consumer in order to safely complete the procedure. This is not considered restraint.

"Prone restraint" means restraining a consumer in a face-down position where the front part of the consumer's body lies upon the ground or other object or faces the ground for more than a few seconds.

"Protective measures" are used in association with medical conditions, when other adaptive or assistive devices are inadequate to enable a consumer to maintain posture, prevent injury to self or to achieve other medical purposes are not considered restraint. Protective measures, include but are not limited to:

- Geri chairs,
- Chairs with trays,
- Bed rails,
- Straps,
- Mitts, or
- Other devices that restrict freedom of movement or access to one's body in order to prevent falls, maintain posture or for other medical purposes.

"Restraint and seclusion release criteria" The behavior criteria specific to the consumer and to the situation and used to identify when a consumer will be released from restraint and seclusion. Such criteria will be directly related to ensuring that the consumer is released as soon as the emergency or immediate imminent risk of serious injury to self or others is no longer exhibited. It is not related to the passage of time.

"Seclusion" means the involuntary confinement of a person alone in a room or area where the person is physically prevented from leaving or reasonably believes that he or she will be prevented from leaving.

"Time out" means a method used with a consumer's consent to assist the consumer to regain emotional control by providing access to a quiet location or an unlocked quiet room away from the consumer's immediate environment. Time out is not considered restraint or seclusion.

"**Transport board restraint"** means the use of a board incorporating temporary restraint capability used to ensure consumer safety and to prevent injury to consumers and staff while transporting consumers who are not able to walk or ride in a wheelchair in a safe manner. The use of the transport board requires the use of:

- A wrist-to-waist restraint (soft cuffs placed on each wrist of the consumer with a belt connecting the wrists and placed around the waist), and
- An ankle-to-ankle restraint (soft cuffs placed around each ankle with a short belt connecting one ankle to another).

POLICY ON RESTRAINT AND SECLUSION

It is the policy of the Department of Human Services that restraint and seclusion are interventions of last resort and are not treatment interventions. Restraint and seclusion shall be used only when there is an emergency and there is an imminent risk of danger to the individual or others and only when other interventions have been tried and failed.

In no circumstance shall restraint and seclusion be used as form of punishment, discipline, retaliation, and coercion or for staff convenience. When restraint or seclusion is used, the treatment team shall determine whether a refinement of treatment approach should occur.

Each mental health institute shall establish, maintain, and adhere to written policies and procedures regarding the use of restraint and seclusion that comply with applicable federal and state law, policy, and regulations. Each facility's policy is subject to review and approval by the deputy director for field operations.

General Principles

Mental health institute written policies and procedures shall assure that:

- At the time of admission, there shall be an assessment of relevant risk factors and the consumer's history with restraint and seclusion that will inform the treatment services provided.
- Consumers shall be treated with respect and dignity.
- Restraint and seclusion shall be used only in an emergency when the consumer is at imminent risk of harming self or others:
  - When non-physical interventions are not viable; and
  - When safety issues require an immediate physical response.
- Restraint and seclusion shall never be used as a means of punishment, coercion, discipline, convenience, or retaliation.
- Restraint and seclusion shall be implemented in the least restrictive manner possible and shall employ safe techniques.
- Restraint and seclusion shall be supported by a written order of medical staff.
- Consumer safety is paramount at all times, and if medical attention is needed, it shall supersede the behavioral priorities.
- There shall be continual assessment and monitoring of consumers placed in restraint or seclusion.
- Restraint or seclusion shall be terminated immediately when the emergency or crisis has abated.
- Voluntary time out is permissible. Time out information shall be documented in the consumer's record.
- Protective measures are permissible if part of the consumer's treatment plan.

Acceptable Methods of Restraint

Mental health institute written policies and procedures shall assure that:

- Medical staff identify acceptable methods of restraint in a written order. Acceptable methods may include:
  - Four-point restraint.
  - Four-point restraint with biceps cuff.
  - Five-point restraint.
  - Five-point restraint with biceps cuff.
  - Transport board restraint.
  - Ambulatory restraints used only for transportation purposes and in conjunction with 1:1 staffing.
- The following measures are prohibited:
  - Use of restraint without a medical order.
  - Chemical restraint.
  - Simultaneous use of seclusion and restraint.
  - Prone restraint.
  - "As needed" (standing PRN) orders for restraint.
  - Use of any restraint device around a consumer's neck.
  - Use of any material or object to cover a consumer's face during restraint or seclusion.

Acceptable Use of Seclusion

Mental health institute written policies and procedures shall assure that:

- Seclusion shall be used only with a medical order.
- The following measures are prohibited:
  - Use of seclusion without a medical order.
  - "As needed" (PRN) orders for seclusion.
  - Use of seclusion in excess of 24 hours.
  - Remote observation of children under the age of 18 years secluded in a locked or otherwise secured room.

CONSUMER NOTIFICATION AND ASSESSMENT

Consumer Notification

Mental health institute written policies and procedures shall assure that:

- Consumers are advised at the time of admission, or at the next practical moment, about:
  - The hospital's philosophy of treatment,
  - The goal of preventing the need for the use of restraint and seclusion,
  - The role the consumer may have in calming self when the consumer begins to become agitated, as documented on form 470-4321, *Risks, Triggers, Signs and Coping Aids*, and
  - Policies related to the use of restraint and seclusion.
- Consumers are asked to sign and acknowledge explanation of this discussion and this documentation is included in the consumer's record. This will be documented on form 470-0428, *Consent to Treatment*.
- Family or guardian notification, responsibilities, and roles in the involvement in restraint and seclusion are discussed at the time of admission. Consumers are asked their choice in involving non-guardian family members in such situations as well as any limitations as well as opportunities to make changes in preferences. Appropriate consent and releases of information shall be obtained as needed.

Consumer History at Time of Admission

Consumer assessments shall ensure that critical information related to the use of restraint and seclusion is identified and documented in the consumer's record. This information shall be reassessed and updated in annual assessments and whenever:

- Periodic reassessments are conducted, or
- There is a significant change in a consumer's medical or psychological status that would affect risk in seclusion or restraint use:

This information shall include but is not limited to the following.

- Pre-existing medical conditions or physical disabilities that would place the consumer at risk during a restraint.
- Any history of sexual or physical abuse that would place the consumer at higher psychological risk.
- Evaluation of prior history of violent, self-injurious, or aggressive behavior and the related circumstances or conditions.
- Review of previous consumer experience with restraint, including length of stay and historical relationship to discharge plans.
- Identification of the triggers or potential warning signs of escalating behavior.
- Methods to assist the consumer control the consumer's behaviors.
- Alternative interventions for the consumer and staff to employ for de-escalation purposes.

ORDERS FOR RESTRAINT AND SECLUSION

Initiation of Restraint and Seclusion

Mental health institute written policies and procedures shall assure that:

- All restraint and seclusion are authorized by medical staff and have a written medical order. Initial orders received by phone must be signed within one hour of the authorization.
- All restraint and seclusion are implemented in a manner that addresses the individual consumer's medical condition and relevant history as identified at the time of admission. and through subsequent updates
- As early as feasible in the restraint or seclusion process the consumer is made aware of the rationale for the use of restraint or seclusion and the behavioral criteria for its discontinuation.

- Medical orders for the use of restraint shall specify:
  - The name of the medical staff giving the order.
  - The time and date.
  - Identification of an initial or continued order.
  - The specific physical restraint mechanisms or devices ordered.
  - Any special instructions based on the consumer's medical condition, disability, or history of abuse.
  - The restraint and seclusion release criteria, which will be based on the reasons restraint was initiated. The order may include specific approaches to be used by staff to assist the consumer in achieving these criteria and demonstrating safety as rapidly as possible.
- Orders for the use of restraints or seclusion shall not exceed the following duration limits:
  - Four hours for adults.
  - Two hours for children and adolescents aged 9 to 17 years.
  - One hour for children under the age of 9 years.

  Restraint duration limits are considered maximum. It is critical that consumer release occur as soon as possible.
- There shall be no "PRN" order for restraint or seclusion.
- In an emergency, when medical staff are not immediately present, a consumer may be restrained or secluded by order of a registered nurse before a written medical order is issued. There shall be specified timeframes to receive the medical order and sufficient documentation by the nurse for the need.
- If a consumer has been released from restraint or seclusion, and there is a new emergency or precipitating event, there must be a new written order.
- Restraint or seclusion shall be implemented in a manner that assures consumer safety dignity, and privacy.
  - Dangerous articles shall be removed from the consumer.
  - Consumers shall not be placed in rooms with potentially hazardous conditions.
  - If it is necessary to remove clothing, clothing shall be offered as soon as possible.

- Documentation requirements pertaining to the implementation of the restraint and seclusion shall be placed in the consumer's record and shall include at a minimum:
  - Identification of the type of less restrictive techniques that were attempted before the restraint or seclusion intervention.
  - A description of the consumer's behavior and the circumstances leading to the use and justification for the order of restraint and seclusion.
  - A summation of the consumer's mental and physical status at time of face-to-face evaluation by the medical staff.
- This documentation shall be completed on form 470-4317, *Initial Restraint or Seclusion Prescription*.

Continuation of Restraint or Seclusion

Mental health institute written policies and procedures shall assure that:

- If there is a need to extend the use of restraint and seclusion because the emergency that precipitated the use of restraint or seclusion continues beyond the limit of the initial order, a registered nurse shall immediately contact medical staff to receive further instructions.
- Medical staff base renewal orders on the following time limits:
  - Four hours for adults.
  - Two hours for children and adolescents aged 9 to 17 years.
  - One hour for children under the age of 9 years.
- A registered nurse or medical staff shall document in the consumer's record the consumer's physical and mental status, as well as the specific rationale for the need of continued use of restraint or seclusion in terms of the consumer's continued imminent risk of injury or harm.
- This documentation shall be completed on form page 2 of 470-4317, *Initial Restraint or Seclusion Prescription,* in the section Continuation Restraint or Seclusion Prescription.

Termination of Restraint or Seclusion

Mental health institute written policies and procedures shall assure that:

- Restraint or seclusion shall be terminated immediately when the emergency or crisis has abated and the consumer no longer presents an imminent risk of serious injury to self or others. Because termination shall occur at the earliest time possible, this may occur before the order expires.
- If termination of restraint or seclusion does not happen before the end of a medical order, the restraint or seclusion shall be discontinued unless the order is renewed.
- Staff who have the authority to discontinue restraint and seclusion shall be identified.
- Documentation shall be placed in the consumer record which indicates:
  - The rationale for discontinuing the restraint or seclusion,
  - The time when restraint or seclusion was discontinued and
  - The name of medical or nursing staff discontinuing restraint or seclusion
- This documentation shall be completed on form 470-4318, *Restraint / Seclusion Monitoring Checklist and Narrative*.

MONITORING RESTRAINT AND SECLUSION

Face-to-Face Assessments

Mental health institute written policies and procedures shall assure that:

- Medical staff shall conduct a direct face-to-face assessment of the physical, behavioral, mental, and emotional status of the consumer within one hour after the initiation of restraint and seclusion.

  If the seclusion or restraint is discontinued within one hour of initiation, the consumer shall still be examined face-to-face by medical staff in accordance with this section.
- Medical and nursing staff shall document in the consumer's record:
  - The physical and mental status information.
  - The rationale regarding continued use of restraint or seclusion learned during the consumer's face-to-face assessment.

Ongoing Monitoring

Mental health institute written policies and procedures shall assure that:

- There is continuous visual monitoring of consumers in restraint or in seclusion by an assigned staff person. Documentation of this monitoring shall be placed in the consumer's record.
  - Consumers placed in restraint, including those placed in a seclusion room shall be visually monitored on a direct face-to-face observation basis at all times.
  - Consumers over the age of 18 placed in seclusion shall be visually monitored on a direct face-to-face observation for the first hour. After the first hour, there is the option of continuous electronic observation.
  - Consumers under the age of 18 shall have continuous direct face-to-face observation.
- Assessments of the consumer's physical and psychological well-being shall be made at the time the restraint or seclusion intervention is initiated and at least every 15 minutes thereafter. The assessment shall be conducted face-to-face, and appropriate for the type of restraint or seclusion employed and shall ensure that:
  - Injuries are identified and addressed.
  - Restraint devices are properly applied.
  - Consumers have as much freedom as possible.
- Assessment of the consumer's physical and psychological well-being shall also ensure that:
  - Nutrition and hydration needs are met.
  - Meals are provided at regular time or as near such time as possible.
  - Fluids are offered every two hours.
  - Circulation and range of motion in the extremities are addressed.
  - Each restrained limb is released from restraints and examined for bruising or skin tears every two hours and exercised.
  - Vital signs, including respiration, heart rate, and blood pressure, are monitored.
  - Hygiene and elimination needs are addressed.

- Elimination needs are met at least every two hours or as requested.
- Hygiene is offered on a daily basis.
- Physical and psychological comfort is provided.
- Readiness for discontinuation for restraint or seclusion is evaluated.

♦ Documentation of information regarding the consumer's specific physical and psychological well-being and visual monitoring shall be placed in the consumer record on form 470-4318, *Restraint / Seclusion Monitoring Checklist and Narrative*.

Termination of Restraint or Seclusion

Restraint or seclusion shall be terminated immediately when the emergency or crisis has abated and the consumer no longer presents an imminent risk of serious injury to self or others.

Because termination shall occur at the earliest time possible, this may occur before the order expires. If termination of restraint or seclusion does not happen before the end of a medical order, the restraint or seclusion shall be discontinued unless the order is renewed.

Post-Event Analysis

Mental health institute written policies and procedures shall assure that:

♦ There is an immediate post-event analysis with all primary staff involved in the restraint or seclusion intervention. The purpose of this analysis is to discuss:

- The events that led to the intervention.
- The physical and emotional or psychological effects on the consumer and the staff.
- Other potential interventions that could have been used.
- Other relevant issues related to the event.
- Potential strategies to avoid the use of restraint or seclusion in the future.

♦ Documentation related to the post event analysis that includes the above information is placed in the consumer record on form 470-4316, *Restraint/Seclusion Same-Day Staff Analysis*.

Post-Event Patient Debriefing

Mental health institute written policies and procedures shall assure that:

- As soon as the consumer is receptive following any intervention of restraint or seclusion, the RN or designee initiates a debriefing process. The purpose of this analysis is to assist the consumer in identifying:
  - What precipitated the event;
  - Other potential interventions that could have been used,
  - The consumer's feelings related to the event,
  - Information the consumer wishes to convey to staff related to the event.
- Documentation related to the post event analysis that includes the above information is placed in the consumer record on form 470-4320, *Restraint/Seclusion Patient Debriefing*.

Post-Event Debriefing

Mental health institute written policies and procedures shall assure that:

- There is a post event debriefing the next working day with the consumer, the consumer's treatment team, and family consistent with the consumer's wishes as noted. The purpose of this debriefing is:
  - To assist the treatment team to determine how to more effectively assist the consumer and staff in understanding what precipitated the event;
  - To develop appropriate coping skills; and
  - To develop interventions designed to avoid future need for restraint or seclusion.
- Documentation of the post event debriefing includes the above information is placed in the consumer's record on form 470-4319, *Restraint/Seclusion Next Working Day Team Debriefing*.
- As appropriate modification shall be made to the treatment plan, including but not limited to refinements in treatment approaches, additional assessments, or the need for outside consultation.

PERFORMANCE IMPROVEMENT

Mental health institute written policies and procedures shall assure that quality assurance and performance improvement efforts shall include specific focus on the goal to improve treatment services and to prevent the need for and the use of restraint and seclusion.

This process shall include review of consumer records and staff and consumer interviews as well as an administrative review of the debriefing process. Documentation of the administrative review shall be completed on form 470-4322, *Restraint/Seclusion Debriefing: Administrative Review*.

Data Collection

Mental health institute written policies and procedures shall assure that:

- Information or data obtained during the post analysis event and debriefing processes is part of the quality assurance and performance improvement activities. The purpose is:
  - To learn whether restraint and seclusion are being used as emergency interventions,
  - To identify opportunities for improving the rate and safety of use, and
  - To identify staff training needs.
- Specific data on each restraint and seclusion episode is collected and aggregated on a monthly basis. This data shall be a component of the data reviewed for quality assurance purposes and a shall include at a minimum:
  - Consumer demographic information, including age, sex, and ethnicity.
  - Information about the precipitating event and alternative interventions used.
  - Information about the episode, including date, time, length, type of restraint used, and the physical location where the restrained or secluded consumer is placed.
  - Any consumer or staff injuries incurred during restraint.
  - The type and time of medical orders, including the time written or authorized and the prescribing medical staff.
  - Use of psychoactive medications to prevent or to enable discontinuation of restraint or seclusion.

REPORTING REQUIREMENTS

Mental health institute written policies and procedures shall assure that:

- The process for notifying the superintendent, the Department of Inspections and Appeals, and the deputy director when there is a serious injury to consumer or staff in relationship to the implementation of restraint or seclusion is identified.
- The process for notifying the superintendent, the Department of Inspections and Appeals, the Centers for Medicaid and Medicare Services or the Joint Commission on the Accreditation of Healthcare Organizations, and the deputy director of a consumer death that may have reasonably have been resulted from the use of restraint or seclusion is defined.
- The monthly reporting process of restraint and seclusion data to the facility quality assurance committee, the medical director, the superintendent, and the deputy director is defined.

STAFF TRAINING AND EDUCATION

Mental health institute written policies and procedures shall assure that:

- Staff authorized to order or physically apply manual restraints or medical restraints or seclusion receive initial and ongoing competency based education and training on the following topics.
  - The facility's goals and philosophy regarding the use of restraint and seclusion.
  - Age, physical or developmental considerations, gender issues, cultural issues, ethnicity, traumatology, and history of sexual or physical abuse that may affect the way a consumer reacts to physical contact.
  - Understanding and appropriately responding to underlying behaviors of consumers that precipitate the use of restraint and seclusion.
  - Techniques to identify interpersonal or environmental factors that may trigger behavior resulting in the use of restraints or seclusion.
  - Use of de-escalation and other non-physical behavior management methods to reduce or eliminate the use of restraint.

- Safe use of manual restraints, including the ability to recognize and respond to signs and symptoms of physical, mental, medical or emotional distress or impairments or injury in consumers who are restrained.
- Use of behavioral criteria for discontinuation of restraints or seclusion and how to assist the consumer in calming self.
- Appropriate documentation for assessing and monitoring restraint and seclusion.

♦ Staff training and education shall be documented in each staff member's personnel record and in aggregate form.

♦ Staff responsible for assuring consumer safety shall receive ongoing training to carry out the appropriate activities including, but not limited to:

- Vital signs.
- Recognizing nutrition or hydration needs.
- Checking circulation in extremities etc.

♦ Staff training shall be implemented in a timely manner to assure ongoing training certification requirements.

STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 10, 2006

GENERAL LETTER NO. 3-E-1

ISSUED BY: Deputy Director for Field Operations

SUBJECT: Employees' Manual, Title 3, Chapter E, ***RESTRAINT AND SECLUSION POLICY FOR MHIs***, Title page, new; Contents (page 1), new; and pages 1 through 17, new.

Summary

The purpose of the mental health institutes is to provide a safe therapeutic treatment environment. A goal is to prevent, reduce, and eliminate the use of restraint and seclusion.

This policy directs the mental health institutes to have written policies and procedures that assure the use of restraint and seclusion are interventions of last resort and are not treatment interventions. The policy sets forth general principles and requirements for the mental health institutes' policies concerning the use of restraint and seclusion.

Effective Date

Immediately.

Material Superseded

None

Additional Information

Refer questions about this general letter to your institution superintendent.

STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

February 6, 2009

GENERAL LETTER NO. 3-E-2

ISSUED BY: Division of Field Operations

SUBJECT: Employees' Manual, Title 3, Chapter E, ***RESTRAINT AND SECLUSION POLICY FOR MHIs***, pages 2 and 3 revised.

Summary

The definition of "physical restraint" is revised. Physically holding an individual to administer a medication to carry out a required medical procedure against the individual's wishes is now considered a physical restraint. Physically holding an individual who has given consent and requests being physically held is not considered restraint.

Effective Date

Upon receipt.

Material Superseded

Remove from Employees' Manual, Title 3, Chapter E, pages 2 and 3, dated February 10, 2006, and destroy them.

Additional Information

Refer questions about this general letter to the deputy director for field operations.